



**INITIAL CERTIFICATION REQUIREMENTS FOR  
RECIPROCAL CERTIFICATION  
SAFE DRINKING WATER PROGRAM**

Each out-of-state laboratory requesting reciprocal certification under the Safe Drinking Water Program in the Commonwealth of Virginia is evaluated on an individual basis. However, all laboratories must demonstrate the need to serve customers in Virginia. Laboratories must also be currently certified by EPA or the EPA approved certifying authority of that State.

Please furnish us with information on your needs for certification in Virginia and provide us with copies of the following: Your laboratory's certificate from your home state or any other state; latest performance evaluation sample results; most recent on-site evaluation report; personnel list; and Quality Assurance Plan. In addition, for microbiology, we require a statement of how laboratory will meet the 30-hour holding time requirement for bacteriological samples.

Each out-of-state commercial or private laboratory will be charged an annual fee per category for which reciprocal certification is granted. The following are the categories and fees:

| <b>Categories</b>  | <b>Annual Fee</b> |
|--------------------|-------------------|
| Microbiology       | \$250.00          |
| Inorganic Chemical | \$280.00          |
| Organic Chemical   | \$280.00          |
| Radiochemical      | \$250.00          |

The annual period is from July 1 to June 30. The annual fee is not prorated and is payable to the Treasurer of Virginia. To ensure proper handling, please mail the check to:

ATTN: Cashier  
Commonwealth of Virginia  
DGS Fiscal Services  
P.O. Box 267  
Richmond, VA 23202-0267

Mail all certification data to the Laboratory Certification Section, 600 North 5<sup>th</sup> Street, Richmond, VA 23219-3691. If you have any questions, please call 804-648-4480.

## APPLICATION FOR CERTIFICATION SAFE DRINKING WATER PROGRAM

1. Does your laboratory presently test drinking water for a public water system? Yes ☐ No ☐
2. Identify water system(s) served: \_\_\_\_\_
3. Indicate below the parameters for which approval is being requested:

### MICROBIOLOGY

|   |                                 |
|---|---------------------------------|
| TOTAL COLIFORM: Presence/Absence Test _____ | FECAL COLIFORM: EC Medium _____ |
| ONPG-MUG Test _____                         | <i>E. COLI</i> : ONPG-MUG _____ |
| Membrane Filter Test _____                  | Colisure _____                  |
| Colisure Test _____                         | EC Medium+MUG _____             |
| Fermentation Test _____                     | Nutrient Agar+MUG _____         |
| m-ColiBlue24 _____                          | m-ColiBlue24 _____              |
| E*Colite _____                              | E*Colite _____                  |

### INORGANIC

| <u>TRACE METALS 1</u> | <u>TRACE METALS 2</u> | <u>TRACE METALS 3</u> | <u>TRACE METALS 4</u> |
|-----------------------|-----------------------|-----------------------|-----------------------|
| ____ LEAD             | ____ ARSENIC          | ____ ANTIMONY         | ____ ALUMINUM         |
| ____ COPPER           | ____ BARIUM           | ____ BERYLLIUM        | ____ CALCIUM          |
|                       | ____ CADMIUM          | ____ NICKEL           | ____ IRON             |
|                       | ____ CHROMIUM         | ____ THALLIUM         | ____ MANGANESE        |
|                       | ____ MERCURY          |                       | ____ MOLYBDENUM       |
|                       | ____ SELENIUM         |                       | ____ SILVER           |
|                       |                       |                       | ____ SODIUM           |
|                       |                       |                       | ____ VANADIUM         |
|                       |                       |                       | ____ ZINC             |

### NON-METALS

\_\_\_\_ ASBESTOS  
\_\_\_\_ CHLORIDE  
\_\_\_\_ CYANIDE  
\_\_\_\_ FLUORIDE  
\_\_\_\_ NITRATE  
\_\_\_\_ NITRITE  
\_\_\_\_ ORTHOPHOSPHATE  
\_\_\_\_ SULFATE

### OTHER PARAMETERS

\_\_\_\_ ALKALINITY  
\_\_\_\_ CONDUCTIVITY  
\_\_\_\_ CORROSIVITY  
\_\_\_\_ CALCIUM HARDNESS  
\_\_\_\_ HARDNESS  
\_\_\_\_ pH  
\_\_\_\_ TOTAL DISSOLVED SOLIDS  
\_\_\_\_ TURBIDITY

**ORGANIC**

\_\_\_\_\_ PESTICIDES  
\_\_\_\_\_ HERBICIDES  
\_\_\_\_\_ PCB's

\_\_\_\_\_ TRIHALOMETHANES  
\_\_\_\_\_ VOLATILE ORGANIC CHEMICALS  
\_\_\_\_\_ SYNTHETIC ORGANIC CHEMICALS

**RADIOLOGICAL**

\_\_\_\_\_ GROSS ALPHA  
\_\_\_\_\_ GROSS BETA  
\_\_\_\_\_ IODINE 131  
\_\_\_\_\_ RADIUM-226  
\_\_\_\_\_ RADIUM-228

\_\_\_\_\_ STRONTIUM-89  
\_\_\_\_\_ STRONTIUM-90  
\_\_\_\_\_ TRITIUM  
\_\_\_\_\_ URANIUM  
\_\_\_\_\_ PHOTON EMITTERS

4. Does your laboratory have a Quality Assurance Plan and written analytical procedures?  
Yes \_\_\_ No \_\_\_ (IF YES SEND COPY).
5. Provide below any additional information that will aid in evaluating your laboratory's capabilities.

Date

Organization

Address

Telephone Number

Laboratory Director

Contact Person and Title

Complete and return to:

LABORATORY CERTIFICATION SECTION  
CUSTOMER SERVICES AND PLANNING GROUP  
DIVISION OF CONSOLIDATED LABORATORY SERVICES  
600 NORTH 5TH STREET  
RICHMOND, VIRGINIA 23219